



Noble Parkway

Medical Clinic.

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Suite# 300
Email: inquiries@nobleparkwaymc.com
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"We put the care in caring"

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Overview

This Notice of Privacy Practices describes how the Noble Parkway Medical Clinic may use and disclose your protected health information to carry out treatment, payment, or health care operations and other purposes that are permitted and/or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Use and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physician's practice as well as other uses permitted and/or required by law.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician becomes, involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment

We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Minnesota Gastroenterology, P.A. so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will obtain written consent prior to making disclosures for payment purposes.

Who Will Follow This Notice:

- All departments and units of this office practice.
- All employees, staff and other office personnel.
- All other entities, sites, and locations where the health care professionals in this office practice and follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or operations purposes as described in this notice.
- Any volunteer we allow to help you while you are in the office.
- Any medical student, intern, resident or fellow that we allow to help you while you are in the office.

- Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization, or quality improvement organization that is participating in a review of your medical care.

Health Care Operations

We may use and disclose medical information about you for Noble Parkway Medical Clinic's health care operations. Health care operations are the uses and disclosures of information that are necessary to run Noble Parkway Medical Clinic and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for you. We will also use your healthcare information as needed to set up appointment reminders. These situations include but are not limited to public health issues required by law, communicable disease notification, health oversight, abuse or neglect, food donation research, criminal activities, military activities and national security, and worker's compensation issues. We will also disclose your healthcare information when required by the Secretary of Department of Health and Human Services to investigate or determine our compliance with requirement of section 164.500 et seq. Other uses and disclosure of your protected health information will be made only with written authorization unless otherwise permitted and/or required by law as described above. You may revoke this authorization at any time in writing except to the extent that your physician or physician's practice has taken action in reliance on the use or disclosure indicated in the authorization. We will obtain written consent before making disclosures to others outside Noble Parkway Medical Clinic for health care operations purposes.

Research

Federal law permits Noble Parkway Medical Clinic to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your general consent before we disclose your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.

Business Associates

Some services are provided by or to Noble Parkway Medical Clinic through contract with business associates. We may disclose information about you to our business associates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law, or with written consent.

Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

As Required by Law

We will disclose medical information about you when we are required to do so by federal, state, or local law.

Public Health

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Worker's Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the office or ambulatory surgery center
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Right to Request Confidential Communications

You have the right to request confidential communications. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to Noble Parkway Medical Clinic. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions

You have the right to request a restriction on the protected information we use or disclose about you for treatment, payment, or health care operations. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you pay for the full amount of your treatment or product

out-of-pocket, however, we will honor requests to restrict disclosures to health plans or insurers for payment or health care operations purposes unless required by law or used for treatment purposes. To request restrictions, you must make your request in writing to

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4808 85th Avenue North
Suite 300, Brooklyn Park, MN 55443
Phone: 763-496-1562

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to a Paper Copy of This Notice

You may ask us to give you a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our office:

4808 85th Avenue North
Suite 300, Brooklyn Park, MN 55443
Phone: 763-496-1562

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office, or with the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints must be submitted in writing.

Our Office:

Noble Parkway Medical Clinic
4808 85th Avenue North
Suite 300, Brooklyn Park, MN 55443

Health & Human Services:

US Department of Human Services
Attn.: Office of Civil Rights
200 Independence Ave. SW
Washington, D.C. 20201

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for all health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office.